

Foster Family Home - Corrective Action Report

Provider ID: 1-190077

Home Name: Rochelle T. Domingo, CNA

Review ID: 1-190077-1

94-436 Opeha Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/8/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification, inspection with all items due to CTA by 11/8/19.

Corrective Action Report issued during home

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No current APS/CAN and fingerprints for HHM's (#1, #2, #3, #4, #5, #6, and #7).

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for HHM #2, #4, #5, #6, and #7.

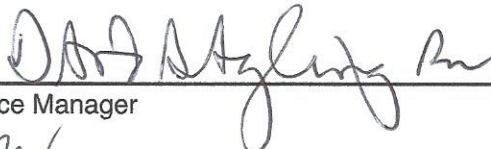
41.(b)(8) - No current First Aid and Blood Borne Pathogen certification present for CG #2.

Foster Family Home Physical Environment [11-800-49]

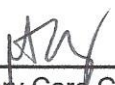
49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2) - No Grab bars in bath and toilet for client's bathroom.



Compliance Manager



Primary Care Giver

10/8/19
Date

10/8/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Rochelle T. Domingo
CCFFH Address: 94-436 Opeha St. Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(1)(2)	I received current APS/CAN and fingerprint from all HHM's. I placed them in my CCFFH binder.	-12/2/19	I placed the expiration dates from APS/CAN and fingerprints.
41.(b)(7)(2)	I received current TB clearance and blood borne pathogen from C6 #2 and First aid Certificate and placed it in my CCFFH binder.	-12/2/19	Blood Borne Pathogen and First aid and CPR for all HHM's and (C6) in my iPhone calendar. I set the reminder for 1 month prior to expiration.
49.(a)(2)	I installed grab bars in clients bathroom.	-12/2/19	-I will always have a grab bars in my clients bathroom

Primary Caregiver's Signature: ptdzy

Print Name: Rochelle T. Domingo

Date of Signature: 12/3/19